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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2008 (H.R. 4818).

FEES TRANSMITTAL

For FY 2008

 Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)
 180
Complete If Known

Application Number	10/623,757
Filing Date	July 21, 2003
First Named Inventor	Jin ZHAO
Examiner Name	Smith, Francis P.
Art Unit	4151
Attorney Docket No	TI-35865

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order Note Other (please identify)

 Deposit Account: Deposit Account Number: 20-0888 Deposit Account Name: Texas Instruments, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fees(s) or underpayments of fees(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105
Design	210	105	100	50	130	65
Plant	210	105	310	155	160	80
Reissue	310	155	310	255	620	310
Provisional	210	105	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
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Each claim over 20 (including Reissues) \$0 35

Each independent claim over 3 (including Reissues) 210 105

Multiple dependent claims 370 185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=	=	HP = highest number of total claims paid for, if greater than 20.		

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	=	HP = highest number of independent claims paid for, if greater than 3.		

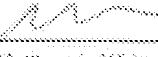
HP = highest number of independent claims paid for, if greater than 3.
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3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(e)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	=

4. OTHER FEE(S)Non-English Specification: \$130 fee (no small entity discount) **Fee Paid (\$)**Other (e.g., late filing surcharge) Information Disclosure Statement **180****SUBMITTED BY**

Signature		Registration No. 47,217 (Attorney/Agent)	Telephone 703-317-0000
Name (Print/Type)	Matthew L. Whipple		Date March 14, 2003

This collection of information is required by 37 CFR 1.100. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, creating, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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